

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/5325
FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1						51						
2							52						
3			12				53						
4			21				54						
5			10				55						
6			47				56						
7	1						57						
8		1					58						
9			12				59						
10			21				60						
11			10				61						
12			47				62						
13			10				63						
14			47				64						
15			10				65						
16			47				66						
17			10				67						
18			47				68						
19			10				69						
20			47				70						
21			10				71						
22			47				72						
23	1						73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3	4					TOTAL IND.	4	4				
TOTAL DEP.	20	4					TOTAL DEP.	4	4				
TOTAL CLASSES	23	23					TOTAL CLASSES	23	23				